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FROM: Stanislaus Aksman

FAX NO.: 571-273-8300

RE: Our Ref. No. 59866.000004

of PAGES: 15

DATE: February 6, 2007

MESSAGE: Application No. 10/529,479

CONFIDENTIALITY NOTICE:

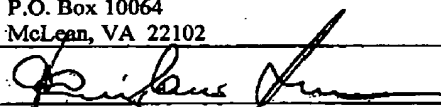
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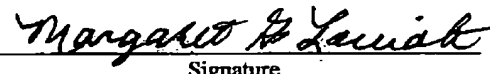
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IAP13 Rec'd PCT/PTO 06 FEB 2007

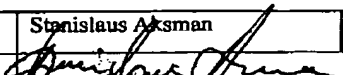
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/529,479
		Filing Date	March 28, 2005
		First Named Inventor	Lasse L. HESSEL et al.
		Group Art Unit	1645
		Examiner Name	TBA
Total Number of Pages in This Submission	14	Attorney Docket Number	59866.000004

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, Form PTO-1449 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input checked="" type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) Submission of Executed Declaration
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2478 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Stanislaus Aksman, Reg. No. 28,562 Roberts Mlotkowski & Hobbes P.C. P.O. Box 10064 McLean, VA 22102
Signature	
Date	February 6, 2007

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I hereby certify that this correspondence is being:	
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<input checked="" type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at 571-273-8300.	
February 6, 2007 Date	 Signature Margaret G. Laniak Typed or printed name

FEE TRANSMITTAL FOR FY 2006 <i>Patent fees are subject to annual revision.</i> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<i>Complete if known</i> Application Number: 10/529,479 Filing Date: March 28, 2005 First Named Inventor: Lasse L. HESSEL et al. Examiner Name: TBA Art Unit: 1645 Attorney Docket No.: 59866.000004	
TOTAL AMOUNT OF PAYMENT (\$130.00)		RECEIVED CENTRAL FAX CENTER FEB 06 2007	

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 50-2478 Deposit Account Name: Roberts Mlotkowski & Hobbes P.C. The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				FEE CALCULATION (continued)																																																																																																																																																											
1. BASIC FILING FEE				3. ADDITIONAL FEES																																																																																																																																																											
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unavoidable</td><td></td></tr> <tr><td>1453 1,500</td><td>2453 750</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501 1,400</td><td>2501 700</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502 800</td><td>2502 400</td><td>Design issue fee</td><td></td></tr> <tr><td>1503 1,100</td><td>2503 550</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460 130</td><td>2460 130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807 50</td><td>2807 50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806 180</td><td>2806 180</td><td>Submission of Information Disclosure Sheet</td><td></td></tr> <tr><td>8021 40</td><td>28021 40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809 790</td><td>2809 395</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810 790</td><td>2810 395</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>1801 790</td><td>2801 395</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802 900</td><td>2802 900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="4">Other fee (specify):</td></tr> <tr><td colspan="3" style="text-align: right;">SUBTOTAL (3)</td><td>(\$130.00)</td></tr> </tbody> </table>				Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	1051 130	2051 65	Surcharge - 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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Total Claims: 20** = 0 X 0 = 0 Independent Claims: 3** = 0 X 0 = 0 Multiple Dependent: X 0 = 0 Large Entity Fee Code (\$): 1202 50, 1201 200, 1203 360, 1204 200, 1205 50 Small Entity Fee Code (\$): 2202 25, 2201 100, 2203 180, 2204 100, 2205 25 Fee Description: Claims in excess of 20, Independent claims in excess of 3, Multiple dependent claim, if not paid, ** Reissue independent claims over original patent, ** Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$) 0 **or number previously paid, if greater; For Reissues, see above				CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)] I hereby certify that this correspondence is being: <input type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop _____, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 <input checked="" type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at 571-273-8300 February 6, 2007 Date Margaret G. Laniak Signature Typed or printed name																																																																																																																																																											
SUBMITTED BY Name (Print/Type): Stanislaus Aksman Signature:  Registration No.: 28,562 (Attorney/Agent) Telephone: 703-584-3270 Date: February 6, 2007																																																																																																																																																															

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PTO/SB/122 (01-08)

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Application Number	10/529,479
Filing Date	March 28, 2005
First Named Inventor	Lasse L. HESSEL et al.
Art Unit	1645
Examiner Name	TBA
Attorney Docket Number	59866.000004

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- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or agent of record. Registration Number 28,562
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature

Typed or Printed
Name

Stanislaus Aksman

Date February 6, 2007

Telephone 703-584-3270

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Attorney Docket No. 59866.000004

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Application Number : 10/529,479 Confirmation No.: 8086
Applicant : Lasse L. HESSEL et al.
Filed : March 28, 2005
Title : A METHOD FOR DETECTING, SCREENING AND/OR
MONITORING A CANCER IN AN INDIVIDUAL
TC/Art Unit 1645
Examiner: TBA

Docket No. : 59866.000004
Customer No. : 21967

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Commissioner for Patents
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Alexandria, VA 22313-1450

SUBMISSION OF EXECUTED DECLARATION

Sir:

Applicants include a Declaration executed by all the inventors. Applicants also include the payment of \$130.00 for late filing of the executed Declaration.

Additionally, Applicants enclose herewith an Application Data Sheet to correct the address of one of the inventors, Mr. Mads Holten-Andersen. Mr. Holten-Andersen's new address is: Holtevegen 5A, 2613 Lillehammer, Norway.

Please note that all correspondence should be addressed to Customer Number 25570, as indicated in the attached Change of Correspondence Address form and the Application Data Sheet.

Attorney Docket No. 59866.000004

Application No.: 10/529,479

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Applicants believe that no additional fees are necessary with this filing. Please
charge \$130.00 and any other necessary fees that are associated with this filing, to
Deposit Account Number 50-2478.

Respectfully submitted,

ROBERTS MLOTKOWSKI & HOBBS, P.C.

Dated: February 6, 2007

By: 

Stanislaus Aksman

Registration No. 28,562

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